The project districts have reported a cure rate of more than 80% which means that 8 out of every 10 patients diagnosed and put on treatment under the revised strategy, are successfully treated, as against less than 4 in the previous Programme.

Under the Programme medicines are given under direct observation by a DOT provider. The DOT provider can be a Health Personnel, community volunteer or any other individual accessible and acceptable to the patient, except for his family members. Therefore, medicines are not provided at the residence of the patient. However, efforts are made to provide the same through DOT Providers at the DOT centres established as near to the residence of the patient as possible.

Cancer patients

†1860. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total number of cancer pateints reported in the country during last three years, State-wise;

(b) the total number of cancer patients died during the said period, State-wise;

(c) the type of the cancer generally reported in different States and main reasons for the disease; and

(d) the steps being taken to prevent the disease and to make the people aware of it?

THE MINISTER OF STATE IN THE MINISTRY OF* HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) This information is not centrally maintained. However, based on the data from Population Based Cancer Registries under National Cancer Registry Programme of ICMR for the entire country, the expected number of new cases were 8.06 lakhs for the year 2001. Based on the cancer mortality observed in the Mumbai Population Based Cancer Registry, the projected number of deaths caused by cancer in the country is about 4.3 lakhs per year.

(c) Information is given in the enclosed Statement-I *(see* below)

† Original notice of the question was received in Hindi.

(d) Under the National Cancer Control Programme this Ministry is implementing various Schemes aimed at creating awareness among the people and for facilitating treatment and research activities. The'details of these schemes may be seen in the enclosed statement-II.

Statement-!

Leading Cancers in the Population Based Cancer Registries under National Cancer Registry Programme of ICMR, 1997, Males

Rank	Bangalore	Barshi	Bhopal	Chennai	Delhi	Mumbai
1.	Stomach	Hypopharynx	Trachea, Bronchus & Lung	Stomach	Trachea, Brochus & Lung	Trachea, Brouchus & Lung
	(5.0)	(3.9)	(7.2)	(9.6)	(7.4)	(6.4)
2.	Esophagus	Esophagus	Other & unspecitic parts ot mouth	Trachea, Bronchus & Lung	Larynx	Esophagus
	(4.0)	(3.5)	(4.7)	(8.3)	(5.3)	(4.3)
3.	Trachea, Bronchus & Lung	Liver	Tongue	Esophagus	Prostate	Larynx
	(3.7)	(3.1)	(4.6)	(6.7)	(3.6)	(3.7)
4.	Hypopharynx	: Myeloid Leukaemia	Esophagus	Tongue	Brain	Tongue
	(3.1)	(2.3)	(4.5)	(4.3)	(3.4)	(3.7)
5.	Prostate	Penis	Hypopharnx	Prostate	Tongue	Prostate
	(2.1)	(1.9)	(3.3)	(4.0)	(3.2)	(3.5)

Figures in parenthesis are the Crude Incidence Rates per 100,000

Leading Cancers in the Population Based Cancer Registries under National Cancer Registry Programme of ICMR,1997, Females

Rank	Bangalore	Barshi	Bhopal	Chennai	Delhi	Mumbai
1	2	3	4	5	6	7
1.	Breast	Cervix uteri	Cervix uteri	Cervix uteri	Breast	Breast
	(14.0)	(18.7)	(12.7)	(23.6)	(19.8)	(20,6)
2.	Cervix uteri	Breast	Breast	Breast	Cervix "uteri	Cervix uteri
	(13.8)	(7.5)	(12.3)	(21.4)	(15.8)	(12.1)

1	2	3	4	5	6	7
3.	Esophagus	Esophagus	Ovary	Stomach	Ovary	Ovary
	(3-8)	(2.1)	(3-5)	(4.6)	(6.5)	(6.0)
4.	Stomach	Ovary	Esophagus	Ovary	Gall Bladder	Esophagus
	(3.1)	(2.1)	(2.5)	(4.4)	(5.6)	(3.9)
5.	Ovary	Gum	Other & unspecified Parts of mouth	Esophagus	Lymp-homa	Trachea, Bronchus & Lung
	(2.9)	(1.2)	(2.5)	(4.2)	(2.3)	(3.0)

Figures in parenthesis are the Crude Incidence Rates per

100,000

Causes of Major Cancers of India Lung Cancer

Smoking;

Occupational exposure to ionizing radiations, radon, coal tars, petroleum, chromates, nickel, arsenic & mustared gas;

Air Pollution (suspected)

Oral Cancers, Oropharynx & hypopharynx

Tobacco smoking and use of smokeless tobacco

Alcohol

Poor nutrition & Vit A deficiency also linked.

Esophagus

Tobacoo use (smoking & smokless form)

Alcohol

Dietary factors such as low fiber intake, less consumption of green vegetables and fruits.

Stomach

Infection with helicobacter pylori.

Smoking

Higher occurrence observed among patients of pernicious anaemia, hypochlorhydria/achlorhydria, adenomatous polyps, blood group A, prior gastrectomy.

Fruits and vegetable intake is protective.

Cervix uteri

Multiple sexual partners

Early age at consummation of marriage

Sexual hygiene

Infection with Human papilloma vrius

Smoking

Breast

Endocrine factors

Early menarche, late menopause, late age at first pregnance, nulliparity, favourable effect of reduction of oestrogen in patients of breast cancer, possible role of prolonged use of exogenously administered oestrogen

Dietary fats

Alcohol intake

High dosage of radiations

Women with cancers of ovary, endometrium & colon

Family history of breast cancer

Statement-II

NATIONAL CANCER CONTROL PROGRAMME

Development of Oncology Wing

This scheme is available only for Government Medical Colleges to fill up the geographical gaps in the detection and treatment of cancer in the country. Financial assistance up to Rs. 2.00 crores can be provided to an Institute under the scheme for purchase of listed equipments. This is a one-time grant.

Setting up of Cobalt Therapy Unit

Financial assistance up to Rs. 1.50 crore is provided to State Government for setting up of Cobalt Therapy Unit in Government institutions. This is a one-time grant.

An amount of Rs. 1.00 crore is also provided for Cobalt Therapy Unit to the Non-Governmental Organiations on the specific recommendations of the State Government. This is a one-time grant.

Assistance for Mammography Unit

The Mammography equipment has also been included under the scheme for setting up of Cobalt Therapy Unit. A Central assistance up to Rs. 30.00 lakhs can be provided to those Institutions/Organisations who have the facilities for treatment of cancer patients and has well-equipped Radiotherapy Department. This is also a one-time grant.

District Cancer Control Programme

A scheme for district project (duration-five years) for health education, detection and pain relief measures under National Cancer Control Programme was initiated during the year 1990-91. In this scheme, financial assistance of Rs. 15.00 lakhs is provided to the State Govemment/UT administration for each district selected under the scheme with a provision of Rs. 10.00 lakhs per annum for each district for the remaining four years of the project period. After five years, the project is to be taken over by the State Government.

Voluntary Organisation Scheme

The scheme upto Rs. 5.00 lakhs is provided to the Voluntary Organisations for undertaking health education and early detection activities in cancer on the specific recommendations of the State Government.

Regional Cancer Centres

This Ministry has recognised 19 Regional Cancer Centres in different States/UTs. and an amount of 75.00 lakhs annually is provided for procurement of equipment for development of the Institution.These RCCs extend treatment facilities and coduct research in the field of Cancer.